

10/30/01  
JC962 U.S. PTO

12-18-01

A

Practitioner's Docket No. P109 CON 2

PATENT

Preliminary Classification:  
Proposed Class:  
Subclass:

JC979 U.S. PTO  
10/020061  
10/30/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Robert Lashinski; Bradley Jendersee; Michael D. Boneau

For (title): Method and Apparatus to Prevent Stent Migration

**CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) AND 1.10\***  
(When using Express Mail, the Express Mail label number is **mandatory**;  
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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☐ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  
**37 C.F.R. Section 1.8(a)**

**37 C.F.R. Section 1.10\***

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TRANSMISSION

☐ transmitted by facsimile to the Patent and Trademark Office (703) \_\_\_\_-\_\_\_\_.

Date: 10/30/01

Christine L. Aceves  
Signature

Christine L. Aceves  
(type or print name of person certifying)

**\*WARNING:** Each paper or fee filed by "Express Mail" **must** have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. Section 1.10(b).  
"Since the filing of correspondence under [Section] 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will **not** be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

**1. Type of Application**

This transmittal is for a continuation application.

**2. Benefit of Prior U.S. Applications (35 U.S.C. Sections 119(e), 120, or 121)**

The new application being transmitted claims the benefit of prior U.S. applications. Enclosed are  
ADDED PAGES FOR NEW APPLICATION TRANSMITTAL WHERE BENEFIT OF PRIOR U.S.  
APPLICATIONS CLAIMED.

**3. Papers Enclosed**

A. Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design)  
Application

10 Page(s) of Specification

3 Page(s) of Claims

2 Sheet(s) of Drawing(s)

B. Other Papers Enclosed

3 Page(s) of declaration and power of attorney

1 Page(s) of abstract

4 Page(s) of Preliminary Amendment

**4. Declaration or Oath**

Enclosed

Executed by:

\* inventors.

**5. Inventorship Statement**

The inventorship for all the claims in this application is the same.

**6. Language**

English

**7. Cancellation of Claims:**

Please cancel claims 1, 4, 6, and 9 before calculating the fee.

**7. Fee Calculation (37 C.F.R. Section 1.16)**

Regular Application

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$740.00
Total Claims (37 CFR 1.16(c))	18	18-20 =	0	\$18.00	
Independent Claims (37 CFR 1.16(b))	5	5-3 = 2	2	\$84.00	168.00
Multiple Dependent Claim(s), if any (37 CFR 1.16(d))			+	\$270.00	\$0.00
Amendment canceling extra claims is noted above.					
Filing Fee Calculation					\$908.00

**8. Fee Payment Being Made at This Time**

Enclosed

Filing Fee

\$908.00

**Total Fees Enclosed**

**\$908.00**

**9. Method of Payment of Fees**

Charge Account No. 012525 in the amount of \$908.00  
A duplicate of this transmittal is attached.

**10. Instructions as to Overpayment**

Credit Account No. 012525.

**ADDED PAGES FOR NEW APPLICATION TRANSMITTAL WHERE BENEFIT OF  
PRIOR U.S. APPLICATIONS CLAIMED**

**11. Relate Back**

Amend the specification by inserting, before the first line, the following sentence:

**A. 35 U.S.C. Section 119(e)**

"This application claims the benefit of U.S. Provisional Application Nos.:

**APPLICATION NO.**

**FILING DATE**

09/092,623

06/05/1998

08/326,031

10/19/1994

TELETYPE UNIT

**12. Further Inventorship Statement Where Benefit of Prior Application(s) Claimed**

a. This application discloses and claims only subject matter disclosed in the prior application whose particulars are set out above and the inventors in this application are the same.

Date:

10/30/01

Signature of Practitioner

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Variable	Mean	SD	Min	Max
Age	38.5	10.5	25	55
Gender	0.5	0.5	0	1
Marital Status	0.5	0.5	0	1
Education	12.5	1.5	10	15
Income	3500	1500	1000	6000
Health Status	0.5	0.5	0	1
Exercise Frequency	2.5	1.5	0	5
Stress Level	4.5	1.5	1	7
Sleep Quality	3.5	1.5	1	6
Dietary Habits	2.5	1.5	0	5
Work-Life Balance	3.5	1.5	1	6
Family Support	4.5	1.5	1	7
Community Involvement	2.5	1.5	0	5
Personal Growth	3.5	1.5	1	6
Life Satisfaction	4.5	1.5	1	7
Overall Well-being	4.5	1.5	1	7